

## ISSUE SLIP STAPLE AREA (for additional cross references)

5C3/8641

POSITION	INITIALS	1. NO.	DATE
<b>FEE DETERMINATION</b>	HL		4-16-01
<b>O.I.P.E. CLASSIFIER</b>		19	56/419
<b>FORMALITY REVIEW</b>	TM	10864	
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral) Canceled A ..... Appeal  
 : ..... Restricted O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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